



## Criminal History Authorization Form 2016 – 2017

(All background checks are required and must be completed before the Member start date)

I hereby authorize \_\_\_\_\_ to conduct the following required criminal history and background checks:

- **FBI fingerprint criminal history record information.**  
Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_
- **Illinois State Police background check.**  
Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_
- **Additional State Police background check**  
State listed as permanent address on Member Application: \_\_\_\_\_  
Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_
- **National Sex Offender Public Registry (NSOPR) (for all 50 states)**  
Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Member cannot begin service until the NSOPR is completed in all 50 states)
- **DCFS CANTS check**  
Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand this information will be used, in part, to determine my eligibility to serve in this program and my selection into the \_\_\_\_\_ AmeriCorps Program is contingent upon a review of the information received. If I dispute the record as received, I understand I will have an opportunity to review the criminal history as received by this agency and provide clarification.

I acknowledge that I have voluntarily provided the above information for selection as an AmeriCorps member and I have read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name